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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	00216-638001
	First Named Inventor	Phillip M. Braun et al.
	Original Patent Number	6,553,604
	Original Patent Issue Date	April 29, 2003
	Express Mail Label No.	EV 382040449 US

APPLICATION FOR REISSUE OF:

(check applicable box)


☐ Utility Patent

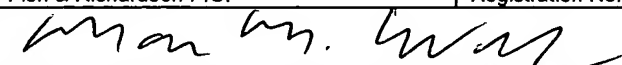
☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (Proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (DS)/PTO-1449
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	<input checked="" type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	15. <input checked="" type="checkbox"/> Preliminary Amendment
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
9. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all of the following are necessary)	17. <input type="checkbox"/> Other: _____
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2copies) or CD-R (2 copies) or	
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18. CORRESPONDENCE ADDRESS

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Signature		Date	April 8, 2004

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REISSUE APPLICATION FEE TRANSMITTAL FORMDOCKET NUMBER (Optional)
00216-638001**Claims as Filed – Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)11	Total Claims (37 CFR 1.16(j))	(B)36	18	x \$ ____ =		or	x \$ 18 = \$288.00
(C)1	Independent Claims (37 CFR 1.16(i))	(D)3		x \$ ____ =			x \$ ____ =
Basic Fee (37 CFR 1.16(h))					\$	OR	\$770.00
Total Filing Fee					\$		\$1058.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))		MINUS	**	*	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))		MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); If "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (c).

☐ Please Charge Deposit Account No. _____ in the amount of _____
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☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____
A duplicate copy of this sheet is enclosed.
X A check in the amount of \$ 1058.00 to Cover the filing/additional fee is enclosed.

April 8, 2004

Date



Signature of Applicant, Attorney or Agent of Record

Marc M. Wefers* for Robert C. Nabinger

Typed or Printed Name

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